

EXHIBIT

**The Circuit Court
for the <Cir #> Judicial Circuit of Michigan
OFFICE OF THE FRIEND OF THE COURT
<FOC ADDRESS>
<FOC CITY, STATE ZIP>
<FOC Phone>
FAX <FOC Fax>**

<Date>

<Plan Name>

<Plan Address>

<Plan City, State ZIP>

Attention: <Plan Administrator Contact>

RE: <Payer Name> ("Participant")

Case No.: <Case No.>

SSN: <Payer SSN>

To Whom It May Concern:

Enclosed is a Qualified or Eligible Domestic Relations Order concerning the Participant. This order concerns child and/or spousal support. The Plan is required to withhold the ordered amount from the Participant's benefits and forward it to the Friend of the Court.

The amount to be deducted is:

if a lump sum <LS amount> as a one-time payment.

if a monthly payment <MO amount> per month.

We are enclosing a "Notice to Source of Income" to address any questions that the Order does not address.

Sincerely,

OFFICE OF THE FRIEND OF THE COURT
<FOC Name>, Friend of the Court

<Worker Name>

<Worker Title>